

Microscopy

Skin punch biopsy showing dense dermal vasculocentric inflammatory infiltrate composed of predominantly neutrophils with neutrophilic debris present. There is fibrinoid necrosis within vessels and red blood cell extravasation. Eosinophils are also present. No vascular thrombi are seen. The erythry spindles shows ~~some~~ occasional and sparsely. There is no evidence of dysplasia or malignancy.

Favored diagnosis

The morphological appearance together with the clinical context of prescribed medication (antibiotics) favor LEUCOCYTIC VASCULITIS

Other differential diagnoses include Henoch Schonlein purpura, urticarial vasculitis, septal vasculitis and Sweet's syndrome.

Further work

Clinical correlation with the dermatological appearances as well as detailed drug history and relate to onset of symptoms is required. IgA immunofluorescence can be performed if Henoch Schonlein purpura is clinically likely (no relevant history given in this case).

Comment

Microscopic vasculitis can be idiopathic or secondary to infections, infective, collagen vascular disorders or malignancy. The absence of visceral involvement, progress is very good.